

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicants: CATHERINE TURKEL, et al.) Examiner:
 Serial No.: Pending) Group Art Unit:
 Filed: Herewith)
 For: METHODS FOR TREATING PAIN AND)
 FOR TREATING A MEDICATION)
 OVERUSE DISORDER) Irvine, California
)

17548 U.S.PTO
10/789180

**NON-PROVISIONAL PATENT APPLICATION TRANSMITTAL LETTER**

Mail Stop: Patent Application
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir/Madam:

Enclosed herewith are the following documents:

- (x) Transmittal Letter – 3 pgs.
- (x) Specification (48 pages) 9 Claims (2 pages); Abstract (1 page)
- (x) Drawings (- 5 - sheet)
- (x) Declaration/Power of Attorney UNSIGNED
- () Assignment with Recordation Cover Sheet
- () Information Disclosure Statement with cited art
- (x) Return/postage paid Postcard
- (x) Express Mail Certificate No. EV193720875US

Dated: February 26, 2004


 Stephen Donovan
 Registration No. 33,433

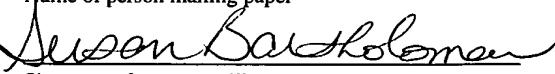
CERTIFICATE OF EXPRESS MAIL UNDER 37 C.F.R. §1.10

I hereby certify that this Transmittal Letter and above-identified documents are being deposited with the United States Postal Service on **FEBRUARY 26, 2004** in an envelope as "Express Mail Post Office To Addressee" mailing label number **EV193720875US** with sufficient postage for Express Mail addressed to Mail Stop: Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date: February 26, 2004

Susan Bartholomew

Name of person mailing paper


 Signature of person mailing paper

NEW APPLICATION TRANSMITTAL FORM

To the Commissioner for Patents:

This is a Request for filing a NON-PROVISIONAL patent application under 37 CFR 1.53(b) entitled **METHODS FOR TREATING PAIN AND FOR TREATING MEDICATION OVERUSE DISORDER** by the following named inventors:

1	Full Name of Inventor TURKEL	Last Name: TURKEL	First Name: CATHERINE	Middle Name:
Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:	
Post Office Address	Post Office Address: 30 SAN ANTONIO	City: NEWPORT BEACH	State or Country: CALIFORNIA	Zip Code: 92660
2	Full Name of Inventor BRIN	Last Name: BRIN	First Name: MITCHELL	Middle Name: F.
Residence and Citizenship	CITY: NEWPORT BEACH	State or Foreign Country: CALIFORNIA	Country Of Citizenship: U.S.A.	
Post Office Address	Post Office Address: 30 SAN ANTONIO	City: NEWPORT BEACH	State or Country: CALIFORNIA	Zip Code: 92660
3	Full Name of Inventor	Last Name:	First Name:	Middle Name:
Residence and Citizenship	City:	State or Foreign Country:	Country Of Citizenship:	
Post Office Address	Post Office Address:	City:	State or Country:	Zip Code:

(X) The Commissioner is hereby authorized to use Deposit Account Number 01-0885 for the payment of any extension fees incurred during the prosecution of this application.

(X) Enclosed is a specification of 48 pages, 9 claims (2 pages) and an abstract (1 page).

Oath or Declaration

() Enclosed is a fully executed oath or declaration.

(X) Enclosed is an unsigned oath or declaration.

(X) A self-addressed return postcard is enclosed for verification of receipt.

(X) The filing fee is calculated below:

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE
Basic Fee (Large entity)			\$770.00	\$770.00
Total Claims	9 minus 20 =	-0-	\$18.00	\$0.00
Independent Claims	2 minus 3 =	-0-	\$86.00	\$0.00
If application contains any multiple dependent claims, then add			\$290.00\$	0.00
		TOTAL FILING FEE		\$770.00

(X) The Commissioner is hereby authorized to charge the filing fee and excess claim fees (including multiple dependent claim fee) as stated above to Deposit Account No. 01-0885. If this amount is incorrect, or for payment of any other fees that may be incurred as a result of this communication please use said Deposit Account. A duplicate copy of this sheet is enclosed for that purpose.

() An Assignment with the Recordation Cover Sheet, bestowing all interest in this application to Allergan, Inc., is enclosed.

(x) New drawing(s) are enclosed in -5- sheets.

() A Statement Pursuant to 37 CFR §1.821(f) and a labeled diskette containing the computer readable sequence listing is enclosed.

() A Statement Pursuant to 37 CFR §1.821(e), stating that the paper copy and the computer readable form are identical is filed herewith.

() A properly labeled computer readable form of the Sequence Listing accompanies this Application.

(x) The Power of Attorney in this application is to Stephen Donovan, Registration Number 33,433.

(x) The Power of Attorney appears in the Combined Declaration and Power of Attorney, filed herewith.

Please address all future communications to:

STEPHEN DONOVAN
 Registration No. 33,433
 ALLERGAN, INC.
 2525 Dupont Drive, T2-7H
 Irvine, CA 92612
 Tel: 714-246-4026 Fax: 714-246-4249

Respectfully submitted,


 Stephen Donovan
 Registration No. 33,433
 Attorney of Record

Date: February 26, 2004